

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 9675**  
Mamoru OHASHI et al. : Docket No. 2000\_0486A  
Serial No. 09/529,715 : Group Art Unit 1616  
Filed April 19, 2000 : Examiner Sharmila Gollamudi

FAST-DISSOLVING PHARMACEUTICAL  
COMPOSITION

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEE FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 1 x	(\$ 9 = \$)	or	(\$18 = \$18.00)
Indep. Claims exceeding 3 (not already paid for): 1 x	(\$43 = \$)	or	(\$86 = \$86.00)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	\$	or	<u>\$104.00</u>

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
☐ is enclosed or  
☐ has been previously submitted.


☒ A check in the amount of \$104.00 is enclosed.

- [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Mamoru OHASHI et al.

By

  
Warren M. Cheek, Jr.  
Registration No. 33,367  
Attorney for Applicants

WMC/dlk  
Washington, D.C. 20006-1021  
Telephone (202) 721-8200  
Facsimile (202) 721-8250  
September 9, 2004



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**PATENT OFFICE FEE TRANSMITTAL FORM**

THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEE FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of **\$1,054.00** to cover Patent Office fees relating to filing the following attached papers:

**Petition for Extension of Time ..... \$950.00**

**Additional Claims Fee Transmittal Letter**

**Excess of Twenty ..... \$18.00**

**Independent ..... \$86.00**

**Multiple Dependent Fee ..... \$**

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Mamoru OHASHI et al.

By Warren M. Cheek, Jr.  
Warren M. Cheek, Jr.  
Registration No. 33,367  
Attorney for Applicants

WMC/dlk  
WENDEROTH, LIND & PONACK, L.L.P.  
2033 K St., N.W., Suite 800  
Washington, D.C. 20006-1021  
Telephone (202) 721-8200  
September 9, 2004

[Check No. 63981]

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